

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016072

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2393

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

4-29-63

INSTEAD OF

Libbette, Missouri

Glessie Merle Hall

Glessie Hall

ITEM NO. SHOULD READ

11. Tebbetts, Missouri

14. Glessie Merle Hall

17. Glessie Hall

BY AFFIDAVIT OF Glessie Merle Hall

M. F. Sewell MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSP.		d. STREET ADDRESS (If outside, give location) 5146 BELLEFONTAINE	
3. NAME OF DECEASED (Type or print) First DON Middle F. Last HALL		4. DATE OF DEATH Month APRIL Day 23, Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-16-1889
10a. USUAL OCCUPATION (Give kind of work done) MECHANIC - PUBLIC SERVICE		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE CO.	
11a. BIRTHPLACE (City and state or country) LIBBETTE, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIAM E. HALL		13b. MOTHER'S MAIDEN NAME ELIZABETH FARMER	
14. NAME OF HUSBAND OR WIFE Glessie Merle Hall		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Glessie Hall 5146 Bellefontaine	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>uremia</u> DUE TO (b) <u>Acute & Chronic Pyelonephritis</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 3 days unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-21-63 to 4-23-63 and last saw him alive on 4-23-63 Death occurred at 4-23-63 8a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE M.F. Sewell (Degree or title) MD	
22b. ADDRESS 1722 W 29th Kansas City Mo		22c. DATE SIGNED 4-23-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-25-1963	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Kansas city, Missouri
24. FUNERAL DIRECTOR ADDRESS MUEHLEBACH 6800 TROOST		25. DATE RECD. BY LOCAL REG. 4-23-63	
26. REGISTRAR'S SIGNATURE R. W. Long			

(Licensed Embalmer's Statement on Reverse Side)

Dr M F. Lewisell
1722 W 39 St.
VAI-5883 - after 2:00

affixed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed G. E. Nichols

Licensed Embalmer No. 4994

P.O. Address K. C. M. D.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.